deal with major abdominal vascular procedures. Litigation for major abdominal vascular procedures is increasing, and this is inversely correlated with the declining number of open abdominal cases performed by ACGME trainees. The declining open abdominal volume may contribute to an increase in lawsuits against graduating vascular surgeons in the coming years.

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PS92.

Challenges in Vascular Surgery Training: Open Aneurysm Repair in 2020

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Objectives: The aim of this study was to evaluate trends in open aneurysm repair (OAR) by vascular surgery trainees and the make predictions on the impact that decreasing volume will have on outcomes.

Methods: A retrospective analysis of the National Inpatient Sample (2000-2010) and Accreditation Council for Graduate Medical Education (ACGME case logs (2001-2012) was completed to ascertain trends in OAR. This was correlated with a survey sent to all graduating vascular trainees (0+5 and 5+2) asking them to identify their confidence completing index open and endovascular procedures. Trends in malpractice litigation from 2000 to 2013 were identified using WestLaw and Google Scholar. Associations between these variables were identified, and a mathematical model created to project trends in OAR into 2020.

Results: Endovascular aneurysm repair (EVAR) was used to repair 5.2% of abdominal aortic aneurysms in 2000 compared with 74% in 2010. Because the volume of OAR has been constant at 45,000 cases annually, the increase in EVAR has led to a 34% drop in OAR. This national decline in OAR is paralleled by a 33% decline in OAR completed by vascular trainees since 2001. Trainees report (n = 41) low confidence in independently performing open aneurysm cases, with nearly 40% of 2014 graduating vascular trainees having low confidence (1.4) on a 3-point Likert scale (1, not confident; 2, somewhat confident; 3, very confident). During the past decade, there has been a three-times increase in adjudicated cases against vascular surgeons due to complications arising from OAR cases, along with an increase in litigation against vascular surgeons in practice for fewer than three years. A mathematical model predicts that trainees will complete <25% OAR cases in 2020 than they complete today.

Conclusions: Based on prediction models, vascular trainees will complete only five OAR cases by 2020. In conjunction with decreasing trainee confidence completing OAR and increased malpractice litigation in this area, a new paradigm in vascular surgery education will be necessary to maintain high standards for patients who undergo OAR.

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PS94.

U.S. Vascular Fellows' Assessment of Their Training

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Objectives: In an attempt to assess their perception of their training, we conducted an annual survey consisting of 22 questions at an annual national meeting in March from 2004 to 2012.

Methods: Of the 683 fellows surveyed, 496 responded (73%). To obtain accurate data, all surveys were kept anonymous. The fellows were asked to assess various aspects of their training as excellent, satisfactory, or mixed.

Results: Males made up 83% of those surveyed, and 57% were between the ages of 31 and 35 years. Second-year fellows made up 56% of those surveyed. Those expecting to join a private, academic, or mixed practice made up 30%, 26%, and 25% of the respondents, respectively, with 75% anticipating entering a 100% vascular practice. Eighty percent were satisfied with their endovascular experience during their fellowship, whereas 81% were satisfied with their experience with open cases. Vascular surgeons were the primary source of endovascular training in 85%. The distribution of nonlearning cases was felt to be excellent, satisfactory, or required some or much improvement in 46%, 41%, and 11%, respectively. However, only 65% felt that their vascular laboratory experience was excellent or satisfactory. Only 37% actually performed the vascular duplex examination, and only 47% felt that they would feel comfortable in managing a vascular laboratory. Over the years, an increasing number of trainees are receiving their endovascular training under vascular surgeons only. Other areas of the survey did not change significantly over the years.

Conclusions: This survey suggests that the vascular laboratory is an area consistently that is not being focused upon in vascular training programs. These data suggest areas to direct the future areas focus for vascular training.

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PS96.

Differences in Case Logs Reports Between Early Specialization and Traditional Vascular Surgery Training Programs

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Objectives: To determine if the operative case experience for graduates of early specialization programs in vascular surgery varies from those in traditional training paradigms.

Methods: Review of the Accreditation Council for Graduate Medical Education (ACGME) national case log reports for graduates of Integrated Vascular Surgery Residencies (IVSR), traditional Vascular Surgery Fellowships (VF), and General Surgery Residencies (GSR) from 2012 to 2013 was performed.